

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	PS	66621	1/15
O.I.P.E. CLASSIFIER		16	2-1-00
FORMALITY REVIEW	EXIB	MO976	2-9-00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Date
Final	
Original	
1	✓
2	✓
3	✓
4	✓
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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